

**GOVERNOR'S
OFFICE OF
CONSUMER AFFAIRS**

PLEASE NOTE: This complaint form, all documents you send us, and nearly any document received by our office, as a result of handling your complaint, are public records and subject to Georgia's Open Records Act. This law requires nearly all public records (with exception of your personal identifying information) to be available for inspection by anyone, upon request, upon the closure of your complaint.

CONSUMER COMPLAINT FORM

MAIL COMPLETED COMPLAINT FORM WITH ATTACHMENTS TO:
GOVERNOR'S OFFICE OF CONSUMER AFFAIRS
2 M.L. KING, JR. DRIVE
SUITE 356 EAST TOWER
ATLANTA, GEORGIA 30334-4600

The Governor's Office of Consumer Affairs has the authority to investigate business or trade practices and take legal action on behalf of the State of Georgia, in order to stop false, misleading, deceptive, or unfair acts and practices. This office cannot act as a private attorney for you. This office is prohibited by law from providing legal advice to private parties. To preserve any private legal rights you have, you may wish to contact a private attorney in addition to contacting our office.

We request that you contact the company or individual against whom you are complaining first, in an effort to resolve your dispute before filing this complaint. If this proves unsuccessful, this office requests that in addition to this form you make sure you enclose copies of important papers concerning the transaction such as contracts, invoices, brochures, and cancelled checks. Do not send original documents that you would like returned.

**IN FILLING OUT THIS FORM PLEASE TYPE OR PRINT AS CAREFULLY AS POSSIBLE SO
THE INFORMATION MAY BE EASILY READ AND UNDERSTOOD.**

INFORMATION ABOUT THE CONSUMER

FIRST NAME:	<input type="text"/>	MIDDLE INITIAL:	<input type="text"/>	LAST NAME:	<input type="text"/>
MAILING ADDRESS:	<input type="text"/>				
CITY:	<input type="text"/>	STATE:	<input type="text"/>	ZIP CODE:	<input type="text"/>
COUNTY:	<input type="text"/>	E-MAIL ADDRESS:	<input type="text"/>		
HOME PHONE:	<input type="text"/>	BUSINESS PHONE:	<input type="text"/>	FAX:	<input type="text"/>

Companies that engage in unfair and deceptive activities against persons 60 years of age or older are subject to additional penalties. Please check this box if you were 60 years of age or older when the dispute occurred: ☐

COMPLAINTS ARE ACCEPTED FROM THIRD PARTIES ON BEHALF OF CONSUMERS IN ONLY LIMITED CIRCUMSTANCES, SUCH AS UNDER POWER OF ATTORNEY, FROM LEGAL COUNSEL OR DUE TO THE VICTIM'S PHYSICAL, EMOTIONAL OR MENTAL LIMITATIONS. IF YOU ARE FILING ON BEHALF OF A THIRD PARTY, PLEASE IDENTIFY YOUR NAME, ADDRESS, TELEPHONE NUMBER, AND AFFILIATION.

CONTACT PERSON'S FIRST NAME:	<input type="text"/>	MIDDLE INITIAL:	<input type="text"/>	LAST NAME:	<input type="text"/>
MAILING ADDRESS:	<input type="text"/>				
	<input type="text"/>				
CITY:	<input type="text"/>	STATE:	<input type="text"/>	ZIP CODE:	<input type="text"/>
COUNTY:	<input type="text"/>	AFFILIATION:	<input type="text"/>		
HOME PHONE:	<input type="text"/>	BUSINESS PHONE:	<input type="text"/>	FAX:	<input type="text"/>
E-MAIL ADDRESS:	<input type="text"/>				

INFORMATION ABOUT THE BUSINESS WITH WHICH YOU HAVE A DISPUTE

NAME:	<input type="text"/>				
STREET ADDRESS:	<input type="text"/>				
MAILING ADDRESS:	<input type="text"/>				
CITY:	<input type="text"/>	STATE:	<input type="text"/>	ZIP CODE:	<input type="text"/>
COUNTY:	<input type="text"/>	E-MAIL ADDRESS:	<input type="text"/>		
PHONE:	<input type="text"/>	FAX:	<input type="text"/>		

NAME(S) AND TITLE(S) OF INDIVIDUALS AT BUSINESS WITH WHOM YOU DEALT:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

PRODUCT OR SERVICE INFORMATION

PRODUCT
OR SERVICE
INVOLVED:

DATE OF
TRANSACTION:

DID YOU SIGN A CONTRACT? ☐ YES ☐ NO ARE YOU STILL MAKING PAYMENTS? ☐ YES ☐ NO

METHOD OF PAYMENT: ☐ CASH ☐ CHECK ☐ CREDIT CARD ☐ DEBIT CARD ☐ BANK DRAFT

☐ LAYAWAY ☐ OTHER

TOTAL COST OF PRODUCT OR SERVICE:

AMOUNT PAID SO FAR:

WERE YOU OFFERED THIS PRODUCT OR SERVICE THROUGH MULTI LEVEL MARKETING OR BUSINESS OPPORTUNITY?

☐ YES ☐ NO

PLEASE SELECT AND ANSWER I. OR II.

I. IF YOU CONTACTED THE COMPANY, DID AN ADVERTISEMENT ATTRACT YOU TO THE PRODUCT OR SERVICE?

☐ YES ☐ NO

IF YES, WHEN:

WHERE:

WHAT TYPE OF ADVERTISEMENT:

☐ TV

☐ RADIO

☐ NEWSPAPER/MAGAZINE

☐ MAIL

☐ INTERNET

☐ OTHER

II. IF THE COMPANY SOLICITED YOU DIRECTLY, YOU WERE CONTACTED BY:

☐ PHONE

☐ MAIL

☐ IN PERSON

☐ E-MAIL / INTERNET

☐ OTHER

FOR ALL TYPES OF COMPLAINTS, PLEASE ANSWER:

NAME OF SALES
PERSON:

WERE YOU OFFERED A BONUS OR PRIZE WITH THIS GOOD OR SERVICE?

☐ YES ☐ NO

IF YES, WHAT BONUS OR PRIZE?

DID YOU RECEIVE THIS BONUS OR PRIZE?

☐ YES

☐ NO

SPECIFICS OF YOUR DISPUTE OR COMPLAINT

GIVE DATES YOU COMPLAINED TO THE BUSINESS:

TO WHOM DID YOU COMPLAIN?

WHAT FORM OF RELIEF HAVE YOU REQUESTED FROM THE BUSINESS? (EXCHANGE, REPAIRS, REFUNDS, ETC.)

IN THE SPACE PROVIDED BELOW, DESCRIBE YOUR COMPLAINT. PLEASE BE AS BRIEF AND AS COMPLETE AS POSSIBLE. BE AS DETAILED AS NECESSARY TO MAKE THE SITUATION CLEAR. IF NEEDED, USE ADDITIONAL SPACE, INCLUDE INFORMATION REGARDING ANY REPRESENTATIONS YOU FEEL TO BE DECEPTIVE, MISLEADING, OR FALSE.

INDICATE THE SUPPORTING DOCUMENTS YOU HAVE COPIED AND ARE ENCLOSING WITH THIS COMPLAINTS:

- ☐ ADVERTISEMENT(S) ☐ CANCELLED CHECK(S) (FRONT AND BACK)
☐ CORRESPONDENCE ☐ WORK ORDER ☐ CONTRACT (FRONT AND BACK)
☐ COPY OF EARLIER COMPLAINT TO BUSINESS ☐ ODOMETER STATEMENTS
☐ INVOICE ☐ RECEIPT(S) ☐ WARRANTY ☐ BUYER'S ORDER ☐ OTHER:

WHAT WOULD YOU CONSIDER A SATISFACTORY SOLUTION TO YOUR COMPLAINT?

FOR COMPLAINTS INVOLVING AUTOMOBILE DISPUTES ONLY

This is not your license number. It is 17 digits and numbers on your title or registration.

VEHICLE IDENTIFICATION NUMBER

MAKE:

MODEL:

YEAR:

PURCHASED: ☐ NEW ☐ USED

LEASED ☐ YES ☐ NO ☐

IS THE VEHICLE UNDER WARRANTY? ☐ YES ☐ NO

IF VEHICLE IS UNDER WARRANTY, IT IS A ☐ MANUFACTURER'S WARRANTY

☐ EXTENDED WARRANTY

☐ BOTH

TYPE OF AUTOMOBILE DISPUTE:

PLEASE NOTE: Lemon Law complaints are to be submitted on a separate form. For more information on the Lemon Law and the Lemon Law complaint form, PLEASE CLICK HERE

- ☐ OBTAINING THE VEHICLE ☐ FINANCING (PURCHASE OR LEASE) ☐ TAG/TITLE NON DELIVERY
☐ ADVERTISING ☐ WARRANTY REPAIR ☐ NON WARRANTY REPAIR ☐ ODOMETER TAMPERING
☐ CANCELLATION OF CONTRACT ☐ SUBLEASING ☐ OTHER:

IF THE DISPUTE INVOLVES A NEW VEHICLE, HAVE YOU:

	YES	NO	WHEN?
COMPLAINED TO THE DEALER?	<input type="radio"/>	<input type="radio"/>	
COMPLAINED TO THE MANUFACTURER?	<input type="radio"/>	<input type="radio"/>	
Did you make the complaint(s) in writing?	<input type="radio"/>	<input type="radio"/>	

FOR COMPLAINTS INVOLVING HOME CONSTRUCTION ISSUES ONLY

THE DISPUTE INVOLVES:

- ☐ NEW HOME CONSTRUCTION ☐ REPAIRS TO AN EXISTING HOME ☐ REMODELING OF AN EXISTING HOME
☐ OTHER:

ADDRESS OF HOME IF OTHER THAN YOUR MAILING ADDRESS ON PAGE ONE:

IS THERE A WARRANTY INVOLVED IN THIS DISPUTE? ☐ YES ☐ NO

IS THERE AN ARBITRATION CLAUSE IN YOUR CONTRACT? ☐ YES ☐ NO ☐ I DON'T KNOW

HAVE YOU BEEN TO ARBITRATION? ☐ YES ☐ NO

AGENCY INFORMATION

HAVE YOU CONTACTED ANY OTHER AGENCY ABOUT YOUR COMPLAINT?

☐ YES ☐ NO

IF YES, DESCRIBE WHAT AGENCY AND THE RESULT:

ATTORNEY INFORMATION

HAVE YOU CONTACTED A PRIVATE ATTORNEY? ☐ YES ☐ NO

DID YOU HIRE THE ATTORNEY? ☐ YES ☐ NO

IF YES, ATTORNEY'S NAME

IF YES, DATE

MAILING ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

FAX

HAVE YOU BEEN SUED REGARDING THIS MATTER? ☐ YES ☐ NO

IF YES, WHEN & IN WHICH COURT?

RESULTS:

ARE YOU WILLING TO TESTIFY TO THE FACTS YOU HAVE STATED IN THIS COMPLAINT?

☐ YES ☐ NO

NOTE: THIS COMPLAINT FORM MAY BE SENT TO THE BUSINESS OR PERSON IDENTIFIED IN THE COMPLAINT IN AN EFFORT TO RESOLVE THE DISPUTE. IF FOR ANY REASON YOU DO NOT WANT A COPY OF THIS COMPLAINT SENT TO THE BUSINESS, PLEASE MARK HERE:

☐ **I DO NOT WANT THIS COMPLAINT MEDIATED AND/OR SENT TO THE BUSINESS**

PLEASE BE ADVISED THAT IN ANY EVENT, THIS COMPLAINT WILL BECOME PART OF OUR PERMANENT RECORDS. CONSUMER COMPLAINTS MAY BE RELEASED TO PRIVATE PARTIES ATTEMPTING TO ESTABLISH ONGOING PATTERNS OR PRACTICES WHICH VIOLATE GEORGIA'S CONSUMER PROTECTION LAWS. THIS COMPLETED COMPLAINT FORM IS ALSO SUBJECT TO GEORGIA'S OPEN RECORDS ACT.

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

I UNDERSTAND THAT THE GOVERNOR'S OFFICE OF CONSUMER AFFAIRS IS NOT MY PRIVATE ATTORNEY, BUT RATHER REPRESENTS THE PUBLIC BY ENFORCING LAWS PROHIBITING FRAUDULENT OR DECEPTIVE TRADE PRACTICES. I UNDERSTAND THAT THE GOVERNOR'S OFFICE OF CONSUMER AFFAIRS DOES NOT REPRESENT PRIVATE CITIZENS SEEKING THE RETURN OF THEIR MONEY OR OTHER PERSONAL REMEDIES. I AM, HOWEVER, FILING THIS COMPLAINT TO NOTIFY THE OFFICE OF CONSUMER AFFAIRS OF THE ACTIVITIES OF THIS COMPANY. I UNDERSTAND THAT THE INFORMATION CONTAINED WITHIN MAY BE USED TO ESTABLISH VIOLATIONS OF GEORGIA LAW IN BOTH PRIVATE AND PUBLIC ENFORCEMENTS ACTIONS.

(YOUR SIGNATURE) _____ (DATE) _____